MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/567456
FILING DATE
APPLICANT(S)

CLAIMS

#	AS FILED IND.	DEP.	AFTER 1st AMENDMENT IND.	DEP.	AFTER 2nd AMENDMENT IND.	DEP.		#	AS FILED IND.	DEP.	AFTER 1st AMENDMENT IND.	DEP.	AFTER 2nd AMENDMENT IND.	DEP.
1								51						
2								52						
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45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.								TOTAL IND.						
TOTAL DEP.			19					TOTAL DEP.						
TOTAL CLAIMS		20						TOTAL CLAIMS						